

STATE OF WISCONSIN
DEPARTMENT OF HEALTH AND FAMILY SERVICES
DIVISION OF MANAGEMENT TECHNOLOGY
BUREAU OF FISCAL SERVICES

ACCOUNTING PROCEDURE

TOPIC: Section 2--Cash and Cash Equivalents 5.0	EFFECTIVE DATE: 11/12/84
TITLE: Proof of Payment, Replacement and Forged Checks and Check Retype Requests	REVISION DATE: 12/6/01
AUTHORIZED BY: Cheryl Thompson, Deputy Director	PAGE 1 OF 11

BACKGROUND

The Department receives requests to provide proof of payment and requests to replace stolen or lost checks from vendors and employees. This bulletin establishes standard procedures for processing these types of requests:

- Proof of payment
- Replacement of lost, stolen or forged checks
- Check retypes

For purposes of the APP, vendor includes both external vendors and DHFS employees. Goods and services include employee work time.

When a vendor indicates payment has not been received for goods and/or services, the Department shall determine whether payment was issued and negotiated. Check issuance shall be verified against the appropriate criteria. Requests are made to the Treasury for copies of cancelled checks to verify the check was issued and negotiated. If a copy of the cancelled check is received then this is evidence that the check was issued, endorsed and negotiated. If there is no cancelled check on file at the Treasury, the current check is voided and a replacement check is issued to the vendor.

Occasionally, after proof of payment has been provided the vendor indicates that the endorsement was forged. Checks, negotiated by someone other than the payee, may be replaced provided that the procedures for replacing such checks contained in this APP are followed.

Vendors may discover checks in their possession that are "stale dated", that is the check is over a year old and cannot be cashed. Requests must be made to the cancelled draft fund to enable the vendor to receive a cashable check.

Requests for checks to be "retyped" may be made to the Office of State Treasurer if the original check has been damaged to the extent that it is non-negotiable but is identifiable or if the original payee on the check is deceased (check retype requests). Currently the State Treasurer's Office does

not perform name changes on "A" Series Checks. Name changes on "A" Series Checks will be handled as a redeposit of the original check and issuance of a new check upon receipt of a request from the payee to change the name, the original check and a properly completed Substitute W-9.

PROCEDURES

Individual organizations and Institutions are to prepare the electronic ST-60 form. It is located at (<http://dhfsweb/forms/STforms/DMT9022ST60.doc>) (see Attachment 1), or click on the following form link to get to a Word copy of ST-60 ([ST-60/DMT-9022 Stop Payment/Duplicate Check Request](#)), and forward the document via email to Donna Davidson in the Bureau of Fiscal Services (BFS). The electronic ST-60 is located in the Forms Directory on the DHFS Intranet Site. Currently the ST-60 is the only form the Treasury is accepting via electronic submission. The online process can only be utilized for Photocopy Requests and Check Replacement requests. Paper forms are required for processing forged endorsements, and retype requests (see Attachment 2). Paper forms will also be accepted from those without access to the electronic form. The processing time for paper will be longer than the electronic form.

1. Request for Proof of Payment:

- a. Originating Organizations or Institutions should complete the Online ST-60 form found on the DHFS Forms Directory. The completed form should be forwarded via email to Donna Davidson in the Cashier's Office in the Bureau of Fiscal Services (BFS). After the form has been reviewed in the Cashier's Office, an electronic (email) copy and a paper hard copy is retained for reference. The request is then forwarded via email to the State Treasurer's Office. Instructions for completing the electronic form are contained in Attachments 3 and 4.
- b. Organizations without access to the electronic form shall use paper ST-60 form. (See Attachments 3 and 4 for procedures to complete the form.)
- c. If the check in question has been cashed, the Treasury will return a check copy, which will be forwarded to the originating organization or Institution by the Cashier. If the check has not been cashed, the Treasury will void the current check and re-issue a new check, which will be routed by the cashiers' office.

Note: For a "Request for a Reissued Check" or "Request Credit for Improper Endorsement," you must use the paper ST-60 form. Enter Donna Davidson as the "Person Handling" and (608) 266-7925 as the "Telephone" (number). Enter DHFS for "Issuing Department." Below Issuing Department enter 756 as the "Room Number" and "1 W. Wilson Street" and "Madison, WI" for the building and street address. In the right half of this box, please indicate your name, phone number, and address to which any items are to be returned.

2. Replacement of checks not negotiated

- a. The Office of the State Treasurer will issue a stop payment for the check.
- b. The Office of the State Treasurer will issue a replacement check. This check will be sent to the Cashier's Office who will forward the check to the payee.

3. Replacement of checks with a forged endorsement (Attachment 5 & 6)

Occasionally a vendor will claim that the endorsement (on a check provided to prove payment was made) is forged. To resolve the vendor's claim, an ST-31 (Affidavit--Forged Endorsement -- See Attachment 5) must be completed by the vendor. Completed forms should be forwarded to the Bureau of Fiscal Services, Attention: Donna Davidson. If the originator has all the required information to complete the ST-31 form, they may send it directly to the State Treasurer's Office with a copy to the Cashier's Office.

Instructions for completing the form are stated on the ST-31.

In the case where a vendor makes a forgery claim it is also required that an ST-99 Handwriting Specimen be completed and forwarded along with the ST-31.

Instructions for completing the form are stated on the ST-99.

The Office of the State Treasurer will take appropriate steps to determine whether to issue a replacement check. If a replacement check is issued, the check will be forwarded to the Cashier's Office. The Cashier's Office will forward the check to the payee. If it is determined that the payee most likely received and negotiated the check, DHFS staff will assist in all legal actions.

4. Check Retype Request (Attachment 7)

Name Change

Check retype requests for a name change are limited to "B" Series checks (Payroll). The State Treasurer's Office can no longer perform name changes on "A" Series Checks.

On the Retype Request Form enter the Date(a) and your Name(b) followed by the Check Number(c), Check Date(d), Amount(e), and exact "Payee"(f) name of the check you want to have retyped. Then Select "Name Change"(g) as the reason for retype.

Enter the new Payee information in the "Change Payee Name To"(h) Field and a reason for the name change in the "Reason For Name Change"(i) Field.

Forward B Series check retype requests with the original check to Bureau of Personnel, Payroll Unit, Attention: Abbey Vogel. The Requests will be forwarded to Donna Davidson in the Bureau of Fiscal Services.

The correct procedure for name change for a non-"B" Series check is to redeposit the check and receive a new check in the new name. A properly completed substitute W-9 must be received from the vendor prior to changing the vendor name on the accounting system.

If the originator has the original check and the required information to correctly complete the Check Retype Request Form, they may send it directly to the State Treasurer's Office.

5. **Mutilated Check/Out Of Line When Printed**

Checks that are mutilated, or Mis-printed, can still be reissued through the State Treasurer's Office. Complete the form in Attachment 7 as stated in the instructions for a name change; however, select "Mutilated Check" or "Out Of Line When Printed" as the reason for the retype request.

6. **Paper version of all forms may be obtained from the following source.**

State of Wisconsin
Document Sales
P.O. Box 7840
Madison, WI 53707-7840

ATTACHMENTS

- 1 Stop Payment/Duplicate Check Request (Electronic)
- 2 ST-60 Proof of Payment and Replacement Check Request
- 3 Instruction for online preparation of ST-60
- 4 Instructions - Enterprise Output Solution (EOS)
- 5 ST-31 Affidavit - Forged Endorsement
- 6 ST-99 Handwriting Specimens
- 7 Check Retype Request

CONTACT PERSON

Deborah Walker, Chief
Administrative Services
(608) 266-8217

ATTACHMENT 1

Date: 2001

Office of State Treasurer
One South Pinckney Street, Suite 550
P.O. Box 7871
Madison, WI 53707-7871
email: Stoppay@ost.state.wi.us
Phone: (608) 267-2477
Fax: (608) 266-2647

Stop Payment/Duplicate Check Request

- ☐ Request for PHOTOCOPY of check or STOP PAYMENT and DUPLICATE CHECK
- ☐ Request for a REISSUED CHECK from Cancelled Draft Fund
- ☐ Request CREDIT for Improper Endorsement

Check Number	2.c.	
Payee	2.b.	
Date of Check	2.c.	
Amount	2.e.	
Fund, Agency & Voucher Number	2.d.	

Person Handling	2.f.	
Telephone Number		
Issuing Department	2.i. Check Sort # for Pay Checks	
Room Number		
Building	2.g.	
Street		
City, State, Zip		

Reason for Request	2.h.	
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FOR STATE TREASURER'S USE ONLY

Paid	Outstanding as of
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FOR ISSUING AGENCY USE

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Date:

ATTACHMENT 2

Office of State Treasurer
101 E Wilson St, Floor 5
P. O. Box 7871
Madison, WI 53707

- ☐ Request for PHOTOCOPY of check or STOP PAYMENT and DUPLICATE CHECK
- ☐ Request for a REISSUED CHECK from Cancelled Draft Fund
- ☐ Request CREDIT for Improper Endorsement

PAYEE 2.b		CHECK NO. 2.c.
DATE OF CHECK 2.c.	FUND, AGENCY & VOUCHER NO. 2.d.	AMOUNT 2.e.
PERSON HANDLING 2.f.		TELEPHONE

*ISSUING DEPARTMENT

Rm. No.

Building 2.g.

Street

City, State, Zip

2.i. check sort #
for pay checks

REASON FOR REQUEST

2.h.

FOR STATE TREASURER'S USE ONLY

Paid: _____ Outstanding as of: _____

To Payee:

- ☐ PHOTO COPY ENCLOSED – If this is not your endorsement, and you have received no benefit from this check, please contact the ISSUING DEPARTMENT listed above.*
- ☐ DUPLICATE CHECK ENCLOSED – If the original check is found, mark it "Void – Duplicate Issued" and return it to the State Treasurer's Office.
- ☐ REISSUED CHECK ENCLOSED.



ATTACHMENT 3

Instructions - Completing the Electronic Form

Once located on the BFS IAA Intranet or Network Drive complete the form as follows:

- a. Mark the appropriate box indicating the desired action. Request for PHOTOCOPY, or Request for REISSUED CHECK.
- b. Insert the name of the vendor appearing on the check as printed on the warrant register. The name must be entered exactly as it appears on the register.
- c. Insert the number and date of the check. This information can be found on the EOSP (Enterprise Output Solution) report using your Attachmate Software. If you have questions or are unsure how to obtain this report contact Donna Davidson (608) 266-7925. (See Attachment 4 for instructions)
- d. Enter the fund number - Fund 100, and department number 435, and the voucher number. Enter the fourteen digit WisMart document number.
- e. Enter the amount of the check in question. If the check is for more than one invoice and only one invoice is being questioned, remember to insert the total check amount.
- f. Enter Donna Davidson as the "Person Handling" and (608) 266-7925 as the "Telephone" (number).
- g. "Issuing Department" is always DHFS. Below Issuing Department enter 756 as the "Room No." and "1 W. Wilson Street" for the Building and Street address. In the right half of this box, please indicate your name, phone number, and address to which any items are to be returned.
- h. Enter reason why the request is being made.

ATTACHMENT 4

Instructions - Enterprise Output Solution (EOS)

- a. Open the Attachmate Software and type in the menu area EOSP. This opens the EOS (Enterprise Output Solution) screen.
- b. Login using your assigned PWR Number and login password.
- c. Select Menu Option 1 for the "for the latest report directory".
- d. In the Help Command Field type "FMS PAID VENDOR REPORT".
- e. Scroll down to the FMS PAID VENDOR REPORT and type "S" and enter.
- f. To search for a vendor, type in the Command Field the vendor name. For example to search for John Brown. Type "F 'Brown, John'" and enter. To search for vendors with a single name such as Ameritech enter "F Ameritech" and presses enter.
- g. Use the F5 key to repeat the search criteria and search forward 100 records at a time. Use the F4 key to go backward 100 records at a time.
- h. When you have located the vendor write down the Check No., the 14 digit WisMart number, and verify the dollar amount and payee name.
- i. Use the F3 key to exit the system

AFFIDAVIT - FORGED ENDORSEMENT
ST/31 (Rev. 4-84)

ATTACHMENT 5

State of Wisconsin
Office of State Treasurer
125 S. Webster St., Rm. 134
P.O. Box 7871
Madison, WI 53707-7871

Complete all blanks on this form. Detach the pink copy for your records. Submit the other three copies to the state agency or department handling this matter.

Please examine the copy of the check(s) carefully and give particular attention to the endorsement on the reverse.

If you endorsed the check(s) or authorized its cashing, or if for any reason you do not want to make claim for the amount, it will not be necessary to complete this form. IF THIS AFFIDAVIT IS NOT COMPLETED AND RETURNED IN 90 DAYS THE MATTER WILL BE CONSIDERED CLOSED IN THIS OFFICE.

However, if you did NOT endorse the check(s), authorize the endorsement, or benefit in any way by its cashing, please complete the information requested below. It is important that you:

1. Complete all blanks.
2. SIGN YOUR NAME personally. If check was issued to two payees, both should sign.
3. Have your signature(s) witnessed by a Notary Public.
4. For identification purposes, sign and date the photostatic copy of the check.
5. Complete the attached "Handwriting Specimens" sheet.

The completed affidavit together with the "Handwriting Specimens" and the copy of the check should be mailed without delay to the state agency or department handling this matter.

Your case will receive prompt attention in this office, but the matter may be delayed by the investigation conducted by the banks concerned.

STATE OF WISCONSIN

County of _____

SS

WARNING: Any person who knowingly makes a false statement or representation on this form may be subject to a fine or imprisonment, or both, under the provisions of the State of Wisconsin Criminal Code.

Note: See Notice of Penalties on back side.

I, _____, being first duly sworn on oath, depose and say:

I am the payee named in check No. _____, dated _____, in the amount of _____

drawn by the State of Wisconsin on the _____ Bank of Milwaukee, Wisconsin, which check is attached hereto.

That I have examined the endorsements on the photostatic copy of said check and declare that the endorsement of my name as it appears on said check was not made by me and was therefore forged.

That I did not transfer it to any other person for or without value or consideration, did not endorse it, and did not in any way authorize any person to endorse it for me.

That from my information and belief said check was not deposited into any account in which I had a legal interest. I also did not receive any monetary benefit from the proceeds of said check.

That I have signed and dated on this date, the attached photostatic copy of said check, for identity purposes. I further state that I make this statement freely and voluntarily, and that I understand that I will be subjected to possible criminal penalties should any part of the above statement be false.

"Do you solemnly swear or affirm that you have read this affidavit and that the facts contained therein which you personally observed, you know those to be true, and that the facts contained therein on information and belief, you verily believe those to be true, so help you God."

Signature of Affiant (Note: Please complete in black ink.)

Subscribed and sworn to before me this _____ day
of _____, 19____

Social Security Number (This information is requested, but not mandatory)

Street Address

City

Notary Public, _____ County

My commission expires _____

Original-Payor Bank

Yellow-Postal Inspector

Blue-State Treasury

Pink-Affiant

ATTACHMENT 6

HANDWRITING SPECIMENS

(to be completed in conjunction with Affidavit—Forged Endorsement)
ST/99 (10-81)

State of Wisconsin
Office of State Treasurer
125 S. Webster St., Rm. 134
P.O. Box 7871
Madison, WI 53707-7871

Using an ink pen and pressing firmly, please complete the following handwriting samples by rewriting each entry in the space provided.

Adam C. Burling	_____	A	_____	T	_____
Catherine E. Dolan	_____	B	_____	U	_____
Edward H. Fallett	_____	C	_____	V	_____
George K. Newburg	_____	D	_____	W	_____
Mr. Levi Jacobson	_____	E	_____	X	_____
Kitty M. Langdon	_____	F	_____	Y	_____
Margaret P. Hymans	_____	G	_____	Z	_____
Oliver R. Perper	_____	H	_____	bb	_____
Quincy S. Roberts	_____	I	_____	cc	_____
Stancil O. Torque	_____	J	_____	dd	_____
Ulysses T. Velez	_____	K	_____	ff	_____
Warren Bud Smith	_____	L	_____	gg	_____
Cook F. Young, Jr.	_____	M	_____	kk	_____
Ned Lee Harlow	_____	N	_____	pp	_____
Harold I. Fox, Sr.	_____	O	_____	ss	_____
Don V. Chesterfield	_____	P	_____	tt	_____
1 2 3 4 5 6 7 8 9 0	_____	Q	_____	v	_____
56 West 135th Street	_____	R	_____	x	_____
2033 East Quaker St.	_____	S	_____	yy	_____
9944 Waltham Ave., North	_____				
8877 Hough Avenue, South	_____				

Write below: The above are samples of my handwriting written with my (right/left) hand. I normally write with my (right/left) hand.

This form was completed in the presence of and
witnessed by the undersigned.

Witnessed by:

Name _____

Address _____

Date _____

Person furnishing samples: (Print or type)

Name _____

Street _____

City _____ Date _____

ATTACHMENT 7



Mailing Address:
P.O. Box 7871
Madison, WI 53707-7871

Jack C. Voight
State Treasurer of Wisconsin

Phone: 608/266-1714
Fax: 608/266-2647
E-Mail: treasury@ost.state.wi.us

Request To Have Check Retyped

Date:

From:

To: Stop Payment/Retype Desk
Office of State Treasurer
One South Pinckney St., Suite 550
(608)267-2477

ENCLOSED PLEASE FIND: (Original check must accompany request)

CHECK NUMBER:

CHECK DATE:

AMOUNT:

PAYEE:

____ NAME CHANGE ____ MUTILATED CHECK ____ OUT OF LINE WHEN PRINTED

CHANGE PAYEE NAME TO: (Address not included on retype)

REASON FOR NAME CHANGE:

